

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee MENTZER MEDIA SERVICES INC			Date 06 / 05 / 2012		
Mailing Address 600 FAIRMOUNT AVE, STE 306			Amount 118593.52		
City TOWSON		State MD	Zip Code 21286		Transaction ID : E.001
Purpose of Expenditure TV / MEDIA PLACEMENT		Category/Type 		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 	
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129151.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS			Date 06 / 07 / 2012		
Mailing Address 3299 K STREET NW, STE 200			Amount 500.00		
City WASHINGTON		State DC	Zip Code 20007		Transaction ID : E.002
Purpose of Expenditure TV / MEDIA PRODUCTION		Category/Type 		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 	
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129151.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			119093.52		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Caleb Crosby</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date 06 / 07 / 2012</p>					

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WILSON GRAND COMMUNICATIONS		Date MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 429 N ST ASAPH STREET		Amount 9830.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : E.003
Purpose of Expenditure TV / MEDIA PRODUCTION		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129151.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee WILSON GRAND COMMUNICATIONS		Date MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 429 N ST ASAPH STREET		Amount 228.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : E.004
Purpose of Expenditure TV / MEDIA PRODUCTION		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 129151.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10058.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	129151.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

Signature

[Electronically Filed]

Date

MM / DD / YYYY
06 / 07 / 2012